

10/562198

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
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15		3				
16		3				
17		3				
18		3				
19		3				
20	1		1			
21		1		1		
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47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	67	←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53	1		1			
54		1		1		
55		1		1		
56		1		1		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY